

Fee Only

Attorney's Docket No.: 07319-097002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Jeremiah J. Harris
 Serial No.: 10/616,481
 Filed : July 8, 2003
 Title : THREE COLOR DIGITAL GOBO SYSTEM

Art Unit : 2874

Examiner : Brian Healy

RECEIVED
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Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

JUL 21 2004
OFFICIALTRANSMITTAL LETTER AND PETITION FOR AUTOMATIC EXTENSION

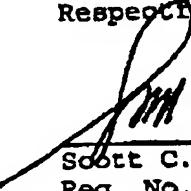
Correspondence relating to this application is enclosed.
 The required fees are computed below. Please apply \$712 and any
 charges not covered, or any credits, to Deposit Account No. 06-
 1050.

Total Claims	48	-	48	=	0	\$0
Independent	13	-	6	=	7	\$602
						<u>\$110</u>
						<u>\$712</u>

Applicant hereby petitions under 37 C.F.R.
 §1.136 for a 1 month extension of time.

TOTAL FEE DUE

Respectfully submitted,


 Scott C. Harris
 Reg. No. 32,030
Date: July 21, 2004

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1041B033.doc

CERTIFICATE OF TRANSMISSION BY FACSIMILE

I hereby certify that this correspondence is being transmitted by
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PAGE 2/23* RCVD AT 7/21/2004 9:53:29 PM [Eastern Daylight Time]* SVR:USPTO-EFXRF-110* DMS:8729306* CSID:1 858 678 5099* DURATION (mm:ss):07:18

07/29/2004 CPARIS 00000002 061050 10616481

 01 FC:1201 602.00 DA
 02 FC:1251 110.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10/616481

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY
TYPE

OTHER THAN
OR SMALL ENTITY

RATE	Fee
BASIC FEE	375.00
X\$ 9=	
X43=	
+140=	
TOTAL	

RATE	Fee
BASIC FEE	750.00
X\$18=	
X86=	
+280=	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

10/20/03 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			Minus	=
Total	* 48	Minus	** 20	= 28
Independent	* 6	Minus	*** 3	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

SMALL ENTITY

OTHER THAN
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	504
X86=	858
+280=	
TOTAL ADDIT. FEE	

1/21/04

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			Minus	=
Total	* 48	Minus	** 48	= 0
Independent	* 13	Minus	*** 6	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE
ADDI-
TIONAL
FEE

RATE
ADDI-
TIONAL
FEE

X\$ 9=	
X43=	
+140=	
TOTAL ADDIT. FEE	

X\$18=	
X86=	602
+280=	
TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			Minus	=
Total	* 48	Minus	** 20	= 28
Independent	* 6	Minus	*** 3	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE
ADDI-
TIONAL
FEE

RATE
ADDI-
TIONAL
FEE

X\$ 9=	
X43=	
+140=	
TOTAL ADDIT. FEE	

X\$18=	
X86=	
+280=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.